

February 21, 2000

NOTICE OF TUFTS HEALTH PLAN OF NEW ENGLAND PROOF OF CLAIM

Dear Sir/Madam:

On January 3, 2000, the Honorable George L. Manias, Judge of the Superior Court of Merrimack County New Hampshire, granted my request as the Commissioner of the New Hampshire Insurance Department to liquidate Tufts Health Plan of New England (TNE) and to terminate all of its health care contracts effective February 2, 2000. Judge Manias signed an Order of Liquidation appointing me as the Liquidator of TNE and describing the Liquidator's duties and powers in conducting the liquidation and procedures to be used to resolve claims. The Order of Liquidation is posted on the New Hampshire Insurance Department's website address listed below.

If you have a claim against TNE or believe you may have a claim against TNE, **you must complete and submit the attached Proof of Claim Form.** You have a claim if you know or believe that TNE owes you money. Filing a Proof of Claim is the only way you can preserve your right to payment against TNE.

Please complete the Proof of Claim Form in its entirety based on all available information. If information is not available, such as the exact amount of the claim, please indicate that on the form. Claims involving multiple transactions or occurrences should be submitted on a single Proof of Claim Form, and all required supporting documentation for each transaction or occurrence should be attached. Please note, however, that New Hampshire law requires that the first fifty dollars of the amount allowed on each Proof of Claim filed must be deducted from the claim. The Liquidator will make this deduction where appropriate in adjudicating the Proofs of Claim filed in this case.

The Proof of Claim Form together with documentation in support of your claim **must be filed with TNE by July 10, 2000** at the address indicated at the bottom of the Proof of Claim Form. The Liquidator may contact you if additional information is needed. **Claims received after July 10, 2000 may be completely barred depending on the circumstances. Therefore, you are strongly urged to file the attached Proof of Claim form timely.**

After all claims have been submitted and reviewed, we will be able to determine the extent to which the claims can be paid from the assets of TNE. You will be advised of the plan to make payment on claims when that plan is presented to the court for approval. The earliest that the plan might be submitted to the court is the fall of 2000.

**IMPORTANT INFORMATION FOR PROVIDERS OF MEDICAL SERVICES TO TNE MEMBERS
REGARDING SUPPORTING DOCUMENTATION WITH PROOF OF CLAIM SUBMISSION**

*As a provider of medical services to TNE members, whether under a TAHMO or TNE contract or not, you should be receiving a regular report of all claims resolved during that claims cycle and those still under review. This report is generated from the weekly HMO/POS claims run. We highly recommend that you rely upon the most current version of this report to identify claims that have already been submitted. **You do not need to resubmit standardized bills (i.e. HCFA 1500 or UB-92) if you have previously billed for those services and the report reflects receipt of that claim submission.** Itemized bills (HCFA 1500 or UB-92) for claims not previously submitted should continue to be sent through the usual claims process. If you were advised that a previously submitted claim was denied by TNE and you wish to contest the reason for that denial, please submit an appeal through the normal appeals process.*

If you have provided services to members of the Secure Horizons plan in New Hampshire and/or Rhode Island, a similar report of claims in progress is sent to you periodically. If you need a current version of the Secure Horizons claims report, please call (888) 766-9816.

To document the amount you feel entitled to, we request that you include an Accounts Receivable report as described on the Proof of Claim Form.

Notice of the receipt of your Proof of Claim Form will be sent to you within 30 days of its receipt.

If you have any questions about this process or about how to fill out the Proof of Claim Form*, please call (888) 766-9816 during regular business hours (Monday-Friday, 8-5).

Sincerely

A handwritten signature in black ink, appearing to read "P. T. Rogers".

Paula T. Rogers
Commissioner and Liquidator
New Hampshire Insurance Department

Enclosure

* The Proof of Claim Form can be photocopied. It is available for downloading from the following websites:
New Hampshire Insurance Department www.state.nh.us/insurance
Maine Bureau of Insurance www.maineinsurancereg.org

Forms can be obtained directly from the Department of Business Regulation in Rhode Island by
Calling (401) 222-2223.